00406

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 50 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital	STREET ADDRESS (If rural, give location) 202 West End Avenue

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) ELLIS	(Last) BARNES	4. DATE OF DEATH (Month) (Day) (Year)	January 13, 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 10/22/1889	9. AGE last birthday 60 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman-Retired	10b. KIND OF BUSINESS OR INDUSTRY Police	11. BIRTHPLACE (State or foreign country) Gambriel, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Wm. T. Barnes	14. MOTHER'S MAIDEN NAME Ida Stricker				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Chalres Barnes			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	10 Min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteio-ssclerotic cardio vascular disease. ?	
	(c)	

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11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck right femur — 1 Mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Cambridge	(COUNTY) Dor.	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 16 49 9a. m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Slipped and fell on floor of home.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Mace Jr. M.D.	Deputy Medical Examiner	Cambridge, Md.	1/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1/16/1950	NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk	LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REG. Jan. 18, 1950	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR LeCompte's Funeral Service	ADDRESS Cambridge, Maryland.

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VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

60-98

RECEIVED
JAN 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00407

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Peoples Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Vaughn (Middle) Ellwood (Last) Bonner

4. DATE OF DEATH (Month) Jan (Day) 9 (Year) 1950

6. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH aug 13 1880
9. AGE last birthday 69 yrs. If under 1 year Months 4 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) md
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Edward Thomas Bonner
14. MOTHER'S MAIDEN NAME Mary E. Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Johnson Bonner, Preston md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17, 1949, to 1-9, 1950, that I last saw the deceased alive on 12-28, 1949, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

SIGNATURE Albert C Bunker (Degree or title) MD ADDRESS 9 Race St, Cambridge-Md. DATE SIGNED 1-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 11 1950
NAME OF CEMETERY OR CREMATORY Hurlock
LOCATION (City, town, or county) Hurlock (State) md

DATE REC'D BY LOCAL REG. Jan. 23, 1950
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR F. B. Willoughby ADDRESS East New Market md

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 26 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00408

CERTIFICATE OF DEATH

Reg. Dist. No. 1/15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Fishing Creek
LENGTH OF STAY (in this place): Two Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fishing Creek

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Fishing Creek
STREET ADDRESS (If rural give location): Fishing Creek

3. NAME OF DECEASED (Type or Print): (First) EVERETT (Middle) E. (Last) BROWNING

4. DATE OF DEATH: (Month) January (Day) 5, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/2/1880

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Truck farmer

11. BIRTHPLACE (State or foreign country): Connecticut

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George S. Browning

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Chalres G. Travers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma stomach — Interval between onset and death: 2 yrs.

15 / 46 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ulcer of Stomach

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: Perforated ulcer of stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: No

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Jan 5, 1950, that I last saw the deceased alive on Jan 4, 1950, and that death occurred at 9 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James W. Meade, M.D. ADDRESS Fishing Creek, Md DATE SIGNED Jan 6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/7/1950

NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Pk

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Jan 6/50

REGISTRAR'S SIGNATURE: James W. Meade

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00409

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH · COUNTY: Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fruitland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) ERNEST	(Middle) TODD	(Last) BUSSELS	4. DATE OF DEATH	(Month) Jan.	(Day) 30	(Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: 9/11/96	9. AGE last birthday: 53 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Marion Bussels	14. MOTHER'S MAIDEN NAME: Mary Dykes						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): W.W.I	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: Eastern Shore State Hospital Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous enteritis, hemorrhage	1/17/50
Antecedent cause(s)		
002X 13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis, pulmonary	1947
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Mental Diagnosis: Manic Depressive Psychosis	1/11/50

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11, 1950, to Jan. 30, 1950, that I last saw the deceased alive on Jan. 30, 1950, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R G Blackwelder	M.D.	E.S.S.H., Cambridge, Md.	1/31/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 3rd 1950	Salisbury Md.	Salisbury Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 31, 1950	John Mace, Jr., M.D.	Holloway & Co.	S Preston Holloway

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 2 yrs. 7 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital	STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)	(First) DURAND	(Middle)	(Last) CAREY	4. DATE OF DEATH	(Month) Jan.	(Day) 25	(Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) separated	8. DATE OF BIRTH 5/9/79	9. AGE last birthday 69 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME unknown	14. MOTHER'S MAIDEN NAME unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Eastern Shore State Hospital Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Epithelioma, left side of neck, with metastasis — 2 yrs. plus

Antecedent cause(s)

191X
53

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental diagnosis: Senile Psychosis, simple deterioration

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1948, to Jan. 25, 1950, that I last saw the deceased alive on Jan. 25, 1950, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R G Blackwelder	M.D.	Eastern Shore State Hospital, Cambridge	1/25/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 28, 1950	Whaleyville Cem	Whaleyville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 28, 1950	John Mace, Jr., M.D.	Henry H. Watson	Pocomoke, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00411

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) One Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) Locust Street

3. NAME OF DECEASED (Type or Print) (First) Helena (Middle) Hamel (Last) Champlin

4. DATE OF DEATH (Month) (Day) (Year) January 16, 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 8/18/1878

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) New Orleans, La.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry B. Hamel

14. MOTHER'S MAIDEN NAME Mercedes 'Hamel'

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mr. James Wood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage (Uncinate)	2 days
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Renal Vascular	5 yrs
131a	(c) Hemiplegia Left, complete	2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no (CITY OR TOWN) no (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ no

HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from 1-11, 1950, to 1-16, 1950, that I last saw the deceased alive on 1-15, 1950, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

SIGNATURE Helen Emerson M.D. (Degree or title) ADDRESS Cambridge Md DATE SIGNED 1-17 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 1/16/1959

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. Jan. 23, 1950

REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland.

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JAN 26 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00412

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Church Creek
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Samuel H (Middle) Cornish (Last) Cornish
4. DATE OF DEATH: (Month) January (Day) 8, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Jan 8 1950 188
9. AGE last birthday: 63 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Aug. 30 1884
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Cornish Cornish
14. MOTHER'S MAIDEN NAME: Mariah Henery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: George Cornish Cornish

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — 7 days

Antecedent cause(s) (b) Arteriosclerosis, generalized

422.1 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerotic CVD c enlargement + dilation ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1949, to Jan 8, 1950, that I last saw the deceased alive on Jan 7, 1950, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE: James A Morrison (Degree or title) MD — ADDRESS: Cambridge Md — DATE SIGNED: Jan 9, 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan 11-50 — NAME OF CEMETERY OR CREMATORY: Church Creek — LOCATION (City, town, or county) (State): Church Creek

DATE REC'D BY LOCAL REG.: Jan. 13, 1950 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.
24. FUNERAL DIRECTOR: Lewis H. Bayneum — ADDRESS: Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 18 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00413

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taylor's Island — LENGTH OF STAY (in this place): Life – 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home – Taylor's Island, Md

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taylor's Island, Md
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Simon James Cornish

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-14-1877

9. AGE last birthday: 72 yrs yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Taylor's Island, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Cornish

14. MOTHER'S MAIDEN NAME: Celista Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 213-22-5372

17. INFORMANT AND ADDRESS: Mr. Roosevelt Cornish, Taylor's Island, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	13 days.
331X Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1949, to Jan. 23, 1950, that I last saw the deceased alive on Jan 23, 1950, and that death occurred at 12:45A.m. 1-24-50, from the causes and on the date stated above.

SIGNATURE: H.M. Wilson, M.D. (Degree or title) ADDRESS: 300 Muir St. Cambridge, Md. DATE SIGNED: 1-27-50

23. BURIAL, CREMATION REMOVAL (Specify): — DATE: 29 — NAME OF CEMETERY OR CREMATORY: Taylor's Island — LOCATION (City, town, or county) (State): Taylor's Island

DATE REC'D BY LOCAL REG.: Jan. 31, 1950 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: Lewis H Baynem — ADDRESS:

988 X1

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00414

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place) 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) COSLETT
4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1950
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: about 1862 ~~unknown~~
9. AGE last birthday: 88 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Eastern Shore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized arteriosclerosis — 10 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

422.1
93 d

(b) Chronic myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Diagnosis: Manic Depressive Psychosis (Circular Type - terminal)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1948, to Jan. 20, 1950, that I last saw the deceased alive on Jan. 20, 1950, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

R. H. Blackwelder M.D. — Eastern Shore State Hospital, Cambridge, Md. — 1/20/50

23. BURIAL, CREMATION REMOVAL (Specify) | DATE 1-22-50 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) North East (State) Md

DATE REC'D BY LOCAL REG. Jan. 25 1950 | REGISTRAR'S SIGNATURE John Mace, Jr., M.D. | 24. FUNERAL DIRECTOR — ADDRESS Joseph A. Frame North East Md

98899

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JAN 27 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

00415

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY DORCHESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE
LENGTH OF STAY (in this place) 15 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS MERRICK'S OLD FOLKS HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE
STREET ADDRESS (If rural, give location) RACE STREET EXT'd.

3. NAME OF DECEASED (Type or Print) (First) HUGH (Middle) — (Last) DOWNEY

4. DATE OF DEATH (Month) JAN. (Day) 15 (Year) 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH 1861

9. AGE last birthday 89? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10b. KIND OF BUSINESS OR INDUSTRY GENERAL

11. BIRTHPLACE (State or foreign country) CONNECTICUT

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME NOT KNOWN

14. MOTHER'S MAIDEN NAME NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT MISS MATTIE MERRICK

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — 15 min.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Generalized

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS not PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Eldridge H. Wolf MD (Degree or title) Asst. Dep. Med. Exam. ADDRESS Cambridge Md. DATE SIGNED 1-19-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 1/19/50

NAME OF CEMETERY OR CREMATORY DORCHESTER MEMORIAL PK.

LOCATION (City, town, or county) (State) CAMBRIDGE, MARYLAND

DATE REC'D BY LOCAL REG. Jan. 24, 1950

REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service

CAMBRIDGE, MARYLAND 98899

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JAN 26 1950
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00416

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Lakesville | LENGTH OF STAY (In this place) 55 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lakesville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Lakesville
STREET ADDRESS (If rural give location) Lakesville

3. NAME OF DECEASED (Type or Print): (First) ENOS (Middle) W. (Last) FITZHUGH

4. DATE OF DEATH: (Month) January (Day) 1, (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/20/1891

9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber Business

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Fitzhugh

14. MOTHER'S MAIDEN NAME: Amanda Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Fannie Fitzhugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia — 2 days

153X 46.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Colon — 4 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) Lakesville (COUNTY) Dorchester (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Sept, 19 49 to Jan 1, 19 50 that I last saw the deceased alive on Jan 1, 19 50 and that death occurred at 8:45A m., from the causes and on the date stated above.

SIGNATURE Lawrence Mangum (Degree or title) M.D. ADDRESS Cambridge, Md. DATE SIGNED 1/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 1/4/1950 | NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk | LOCATION (City, town, or county) Cambridge, Maryland (State)

DATE REC'D BY LOCAL REG. Jan 5, 1950 | REGISTRAR'S SIGNATURE John Mace, Jr. M.D. | 24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland

1940

RECEIVED
JAN 9 1950
BUREAU P. O.

Dr. John Mace

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

00417

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place) 8 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market; STREET ADDRESS (If rural give location) East New Market

3. NAME OF DECEASED (Typo or Print): (First) HATTIE (Middle) MAY (Last) HARVEY

4. DATE OF DEATH: (Month) January (Day) 1, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/7/1908

9. AGE last birthday: 41 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matthew Travers

14. MOTHER'S MAIDEN NAME: Elizabeth Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. William Harvey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolism	1 hour
570.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 111a	(b) Paralytic Ileus (Cause unknown)	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29/49, to 1/1/50, that I last saw the deceased alive on 1/1/50, and that death occurred at 7.20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Mace Jr. M.D. ADDRESS Cambridge Md. DATE SIGNED 1/3/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/3/1950	East New Market Cem.	East New Market, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 4. 1950	John W. Mace, Jr. M.D.	LeCompte's Funeral Service Cambridge, Maryland.

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RECEIVED
JAN 5 1950
BUREAU V. S.

Walter Gunby (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00418

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Madison
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Madison

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Madison
STREET ADDRESS (If rural give location) Madison

3. NAME OF DECEASED (Type or Print): (First) PERCY (Middle) H (Last) HUBBARD

4. DATE OF DEATH: (Month) January (Day) 1, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/22/1884

9. AGE last birthday: 65 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction-Farming

10b. KIND OF BUSINESS OR INDUSTRY: Con.-Farm

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Hubbard

14. MOTHER'S MAIDEN NAME: Sophronia Bromwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Adele W. Hubbard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) RIGHT HEMIPLEGIA — 48 Hours

334 X 83d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIO SCLEROSIS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous Left Hemyplegia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 OCT, 1949, to 1 JAN, 1950, that I last saw the deceased alive on 31 DEC, 1949, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE Walter E. Gunby (Degree or title) MD ADDRESS 105 Church St. Cambridge Md DATE SIGNED 1-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 1/3/1950

NAME OF CEMETERY OR CREMATORY Gethsemane Cemetery

LOCATION (City, town, or county) Madison (State) Dorchester Co., Maryland

DATE REC'D BY LOCAL REG. 1-5-1950

REGISTRAR'S SIGNATURE John Mace Jr., M. D.

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland

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JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00419

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeley
STREET ADDRESS (If rural, give location) Maryland

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Leager (Last) Jackson

4. DATE OF DEATH (Month) Jan. (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH April 20th 1862
9. AGE last birthday 87 yrs. If under 1 year: Months 8, Days 26; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Robert Leager
14. MOTHER'S MAIDEN NAME Dorcas Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs William Jarrell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

Antecedent cause(s) 290.0 (b) Bronchitis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 106c (c) Pernicious anemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT. 20, 1948, to 9 JAN, 1950, that I last saw the deceased alive on 9 JAN, 1950, and that death occurred at 4A m., from the causes and on the date stated above.

SIGNATURE Walter E. Gunty Jr. (Degree or title) M.D. ADDRESS 105 Church St. DATE SIGNED 11 JAN 50

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE Jan. 13th 50
NAME OF CEMETERY OR CREMATORY Sudlersville Cemetery
LOCATION (City, town, or county) (State) Queen Ann Co. Md.

DATE REC'D BY LOCAL REG. Jan. 13, 1950
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00420

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 121 Pine Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 121 Pine Street

3. NAME OF DECEASED (Type or Print): (First) ETHEL (Middle) KIAH (Last) JEWS
4. DATE OF DEATH: (Month) Jan (Day) 10 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 6, 1892
9. AGE last birthday: 57 yrs. — If under 1 year: Months 10, Days 4 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Dorchester County, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN W. KIAH
14. MOTHER'S MAIDEN NAME: HENRIETTA CLASH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: William L. Jews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis generalized — 2 mo

154 Antecedent cause(s) (b) Carcinoma of rectum — ?

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. '49
19b. MAJOR FINDINGS OF OPERATION: Ca rectum c̄ wide spread metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Jan 10, 1950, that I last saw the deceased alive on Jan 10, 1950, and that death occurred at 12 noon m. from the causes and on the date stated above.

SIGNATURE: A Thompson (Degree or title) M.D. — ADDRESS: Cambridge, Md — DATE SIGNED: Jan 12, 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 15, 1950 — NAME OF CEMETERY OR CREMATORY: Waugh Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland
DATE REC'D BY LOCAL REG.: Jan. 13, 1950 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.
24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr. — ADDRESS: Cambridge, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 16 1950
BUREAU V. S.

M

00421

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aireys-RFD # 2	STREET ADDRESS (If rural give location) Aireys-RFD # 2

3. NAME OF DECEASED (Type or Print)	(First) NELLIE	(Middle) ESTELLE	(Last) JOHNSON	4. DATE OF DEATH (Month) (Day) (Year) January 31, 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/22/1888	9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas B. Windsor		14. MOTHER'S MAIDEN NAME Florentine Wootten		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. T. Robert Johnson		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X Immediate cause (a) Metastatic Carcinomatosis — 13 yrs

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Source: Breast - Colloid Carcinoma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION 1/16/37	19b. MAJOR FINDINGS OF OPERATION Colloid Carcinoma Breast.	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21 1946, to 1/31, 1950, that I last saw the deceased alive on 1/31, 1950, and that death occurred at 5:45P m., from the causes and on the date stated above.

SIGNATURE W. [illegible] (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 1/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/3/1950	NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REG. Feb 6, 1950	REGISTRAR'S SIGNATURE John Mace, Jr., M.D.	24. FUNERAL DIRECTOR LeCompte's Funeral Service Cambridge, Maryland.	ADDRESS

52086 W

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00422

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY DORCHESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE
LENGTH OF STAY (in this place) 10 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS CAMBRIDGE MD. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE
STREET ADDRESS (If rural give location) 218 HENRY STREET

3. NAME OF DECEASED (Type or Print) (First) MARTIN (Middle) R. (Last) MORGAN

4. DATE OF DEATH (Month) JAN. (Day) 19 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 8/24/1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
11. BIRTHPLACE (State or foreign country) BLADES DELAWARE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOSEPH MORGAN
14. MOTHER'S MAIDEN NAME NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT MRS. EDITH R. MORGAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral accident	26 hrs
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis generalized	?
83a	(c) Malignant Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 17, 1950, to Jan 19, 1950, that I last saw the deceased alive on Jan 18, 1950, and that death occurred at 12:20 A.m., from the causes and on the date stated above.

SIGNATURE Eldridge H. Wolff MD (Degree or title) ADDRESS Cambridge Md DATE SIGNED 1-20-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 1/21/50
NAME OF CEMETERY OR CREMATORY BLADES CEMETERY
LOCATION (City, town, or county) (State) BLADES, DELAWARE

DATE REC'D BY LOCAL REG. Jan. 23, 1950
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR LE COMPTE'S FUNERAL SERVICE ADDRESS CAMBRIDGE, MARYLAND.

308V4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 26 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00423

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH: COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary; MARYLAND; LENGTH OF STAY (In this place) 65 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dor.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Secretary; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) A. (Middle) William (Last) Murphy

4. DATE OF DEATH: (Month) Jan (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 8/8/1877

9. AGE last birthday: 72 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Shipping by Boat

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel J. Murphy

14. MOTHER'S MAIDEN NAME: Rebecca Ann Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs A. William Murphy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Biliary colic — 4 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal obstruction

570.5
126

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1950, to Jan 27, 1950, that I last saw the deceased alive on Jan 27, 1950, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) P. D. Brown, M.D. — ADDRESS East New Market Md — DATE SIGNED Jan 28, 1950

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF 1/29/50 — NAME OF CEMETERY OR CREMATORY East New Market — LOCATION (City, town, or county) East New Market (State) Md

DATE REC'D BY LOCAL REG. Jan. 28, 50 — REGISTRAR'S SIGNATURE Elizabeth C. Smith — 24. FUNERAL DIRECTOR F. E. Willoughby — ADDRESS East New Market Md

98854

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00424

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) Two Mths.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Toddville
STREET ADDRESS (If rural give location) Toddville

3. NAME OF DECEASED (Type or Print): (First) Leota (Middle) Madaline (Last) Murphy
4. DATE OF DEATH: (Month) (Day) (Year) Janaury 22, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 12/16/1915
9. AGE last birthday: 34 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar Hurley
14. MOTHER'S MAIDEN NAME: Grace Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. B. O. Murphy, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia and starvation	
151 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46 b	(b) Carcinoma stomach	10 Mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1949
19b. MAJOR FINDINGS OF OPERATION: Inoperable carcinoma stomach c metasteses.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1949, to Jan 22, 1950, that I last saw the deceased alive on 1/22/50, 19....., and that death occurred at 11:58 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John Mace Jr. M.D. Cambridge, Md. 1/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/24/1950
NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Pk
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Jan. 24, 1950
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.
24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service Cambridge, Maryland.

52086

VS. A15

RECEIVED
JAN 26 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

00425

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 21 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Punch Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) CRISFIELD (Last) PHILLIPS
4. DATE OF DEATH (Month) JANUARY (Day) 31 (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 2/8/64
9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Eliza Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: EasternShore State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s) 422.1 93d
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Degenerative cardio-vascular disease w/Hypertrophy and insufficiency. — ?

(c) Mental Manic-Depressive

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1948, to JAN. 31, 1950, that I last saw the deceased alive on JAN. 31, 1950, and that death occurred at 8:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. H. Blackwelder M.D.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: FEB. 2, 1950
NAME OF CEMETERY OR CREMATORY: MILLS FAMILY CEMETERY
LOCATION (City, town, or county) (State): GOLDEN HILL, DOR. CO., MD.

DATE REC'D BY LOCAL REG. Feb 2, 1950
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.
24. FUNERAL DIRECTOR ADDRESS: LE COMPTE'S FUNERAL SERVICE CAMBRIDGE, MARYLAND 30814

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 6 1980
BUREAU V. S.

00426

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camb
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 212 Washington

3. NAME OF DECEASED (Type or Print) (First) Herman (Middle) (Last) Binder
4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 1950

5. SEX male
6. COLOR OR RACE negro
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH 7/6/1889
9. AGE last birthday 60 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Labor
10b. KIND OF BUSINESS OR INDUSTRY Fin
11. BIRTHPLACE (State or foreign country) Bucktown Md
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME John Binder
14. MOTHER'S MAIDEN NAME Laura Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ~~or not unknown~~) (If year, give ~~war or~~ dates of service) +
16. SOCIAL SECURITY NO. 214-07-8936
17. INFORMANT AND ADDRESS Grace Hammond

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1 hr
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease	unknown
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1948, to Jan 23, 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 3:00 AM m., from the causes and on the date stated above.

SIGNATURE Laurence Marzanov (Degree or title) M.D. ADDRESS Cambridge, Md. DATE SIGNED 1/27/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 1/29/50 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) (State) Camb.

DATE REC'D BY LOCAL REG. Jan. 31, 1950 REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR L. H. Bayneum ADDRESS

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00427

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 3 mths.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) Race Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H. (Last) ROBBINS

4. DATE OF DEATH: (Month) January (Day) 14, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Painter

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Robbins

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Omar Brown

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardio vascular disease.	
	(c)	

903.5
422.1
R6a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck left femur — 4 mo.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway
(CITY OR TOWN) Cambridge (COUNTY) Dor. (STATE) Md.
TIME OF INJURY (Month) Aug (Day) 16 (Year) 49 (Hour) 4PM m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell on pavement.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Deputy Medical Examiner — ADDRESS Cambridge, Md. — DATE SIGNED 1/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/16/1950
NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Pk
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Jan. 18, 1950
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR: LeCompte's Funeral Service — ADDRESS: Cambridge, Maryland

3404

RECEIVED
JAN 20 1950
BUREAU V. S.

Evidence for change of birth date is on:

FILM No. G 124 JAN 20 1950

00428

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

BUNKER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY DORCHESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE
LENGTH OF STAY (in this place) 11 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS CAMBRIDGE MD. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY DORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CAMBRIDGE
STREET ADDRESS (If rural give location) 19 CEMETERY AVE.

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) EDWARD (Last) ROBBINS

4. DATE OF DEATH (Month) (Day) (Year) JANUARY 2, 1950.

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 1/7/1879

9. AGE last birthday 70 yrs. If under 1 year Months H Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATERMAN

10b. KIND OF BUSINESS OR INDUSTRY SEAFOOD

11. BIRTHPLACE (State or foreign country) ANNAPOLIS, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME GEORGE ROBBINS

14. MOTHER'S MAIDEN NAME LOUISE BELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 220-10-6745

17. INFORMANT MRS. T. E. ROBBINS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gangrene right leg	1 month
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary heart disease	5 years
94a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1944, to Jan 2, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE Albert E. Bunker (Degree or title) MD ADDRESS 9 Race St. Cambridge DATE SIGNED Mt 1-3-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 1/4/1950

NAME OF CEMETERY OR CREMATORY DORCHESTER MEMORIAL PK

LOCATION (City, town, or county) (State) CAMBRIDGE, MARYLAND

DATE REC'D BY LOCAL REG. Jan. 5, 1950

REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS LECOMPTE'S FUNERAL SERVICE CAMBRIDGE, MARYLAND. 988X1

RECEIVED
JAN 9 1950
BUREAU V. R.

mw

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00429

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS On Bucktown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural, give location) 216 Washington Street

3. NAME OF DECEASED (Type or Print) (First) ALLEN (Middle) GOLDSBOROUGH (Last) SPICER
4. DATE OF DEATH (Month) (Day) (Year) January 20, 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-15-10
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ~~Lina's Road~~, Maryland Church Creek
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Spicer
14. MOTHER'S MAIDEN NAME Clara H. Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Julia Anderson, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intracranial injury due to compound, depressed fracture l. frontal bone.	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

816.5
170c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway
(CITY OR TOWN) Near Cambridge (COUNTY) Dor. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 20-50 7P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Head on collision.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John Mace Jr (Degree or title) M.D. Deputy Medical Examiner
ADDRESS Cambridge, Md.
DATE SIGNED 1/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-24-50
NAME OF CEMETERY OR CREMATORY Stafford Cemetery, RFD
LOCATION (City, town, or county) (State) Church Creek, Maryland
DATE REC'D BY LOCAL REG. Jan. 25, 1950
REGISTRAR'S SIGNATURE John Mace, Jr, M.D.
24. FUNERAL DIRECTOR Lewis H. Bayneum, Cambridge, Maryland
ADDRESS

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

RECEIVED
JAN 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00430

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A16A

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 138 Pine Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 138 Pine Street

3. NAME OF DECEASED (Type or Print): (First) STEVE (Middle) (Last) TEAT

4. DATE OF DEATH: (Month) January (Day) 20, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: About 1885

9. AGE last birthday: 64 ? yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio vascular disease	?
	(c)	

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Mace, Jr., M. D., Deputy Medical Examiner, Cambridge, Md. 1-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1-26-50 | NAME OF CEMETERY OR CREMATORY: Silent City Cemetery | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: Jan. 28, 1950 | REGISTRAR'S SIGNATURE: John Mace, Jr., M.D. | 24. FUNERAL DIRECTOR ADDRESS: Lewis H. Bayneum, Cambridge, Md.

98844

RECEIVED
JAN 30 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

00431

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge - Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 2 Edgewood ~~Terrace~~ Avenue

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Tyrone (Last) Tilghman

4. DATE OF DEATH: (Month) January (Day) 11, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: Jan. 4 1950

9. AGE last birthday: — yrs. If under 1 year: Months. Days: 7 If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Tilghman, Jr.

14. MOTHER'S MAIDEN NAME: Clara Bell Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

755 Immediate cause (a) Multiple Congenital Abnormalities, including

157 g Antecedent cause(s) (b) Cleft Palate & Bi-Lateral Hare Lip

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 19 50, to Jan. 11, 19 50, that I last saw the deceased alive on Jan. 11, 19 50, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE: Lida Orem Meredith (Degree or title) — ADDRESS — DATE SIGNED: Jan. 11, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1/12/50 | NAME OF CEMETERY OR CREMATORY: Waugh Cemetery | LOCATION (City, town, or county) (State): Cambridge Md

DATE REC'D BY LOCAL REG.: Jan. 13, 1950 | REGISTRAR'S SIGNATURE: John Mace, Jr., M.D. | 24. FUNERAL DIRECTOR: Hubert M. St Clair Jr | ADDRESS: Cambridge Md

2-8-104-0-25-5-40-4

RECEIVED
JAN 16 1950
BUREAU V. S.

Evidence for changes in 8 & 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00432

FILM No. G 1 24 JAN 31 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Golden Hill
LENGTH OF STAY (In this place) 15 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Golden Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Golden Hill
STREET ADDRESS (If rural give location) Golden Hill

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Susie	Matilda	Todd	January 14, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	3/15/1869	80 81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	Home	Dorchester Co., Maryland	USA

13. FATHER'S NAME: Joseph Moore

14. MOTHER'S MAIDEN NAME: Katherine LeCompte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. John A. Willey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteio sclerotic Heart Disease	unknown
(c)		

420.0
93d

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 13, 1950, to Jan 14, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lawrence Marganor	M.D.	Cambridge, Md	1/14/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/15/1950	St. Johns Cemetery	Golden Hill, Dor. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 20, 1950	Joseph Mace, Jr., M.D.	LeCompte's Funeral Service Cambridge, Maryland.

52086

RECEIVED
JAN 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00433

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 112

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna - Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fork Neck

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna - Rural
STREET ADDRESS (If rural, give location): Fork Neck

3. NAME OF DECEASED (Type or Print): (First) Wacter (Middle) J. (Last) Thompson

4. DATE OF DEATH: (Month) January (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 18, 1869

9. AGE last birthday: 80 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Noah Thompson

14. MOTHER'S MAIDEN NAME: Elizabeth Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Sarah Caplan, Vienna, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Angina Pectoris	3 hrs
Antecedent cause(s) 420.2	(b) Chronic Myocarditis	7 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(c) Generalized Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan 27, 1950, to Jan 27, 1950, that I last saw the deceased alive on Jan 27, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE: Hugh Brown — (Degree or title) MD — ADDRESS: Cambridge Md — DATE SIGNED: Jan 31. 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: February 2, 1950 — NAME OF CEMETERY OR CREMATORY: Fork Neck Cemetery — LOCATION (City, town, or county) (State): Near Vienna, Maryland

DATE REC'D BY LOCAL REG.: February 2 — REGISTRAR'S SIGNATURE: Elizabeth W. Graff

24. FUNERAL DIRECTOR — ADDRESS: J.J. Frampton and Son, Federalsburg Md.

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RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00434

CERTIFICATE OF DEATH

Reg. Dist. No. ~~64~~ 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge - Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural, give location) Near Finchville

3. NAME OF DECEASED (Type or Print) (First) Delia (Middle) D. (Last) Washington

4. DATE OF DEATH (Month) January (Day) 5 (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 13, 1923
9. AGE last birthday 26 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Dorchester County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Evans
14. MOTHER'S MAIDEN NAME Lavenia Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Adam L. Washington, Federalsburg, Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Failure

592X Antecedent cause(s) (b) Essential Hypertension

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3, 1950, to 1/5, 1950, that I last saw the deceased alive on 1/5, 1950, and that death occurred at 8:40 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Clarks Md. ADDRESS Cambridge Maryland DATE SIGNED 1/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE January 9, 1950
NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery
LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG. January 9, 1950
REGISTRAR'S SIGNATURE S. J. Frampton
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md. ADDRESS

#116 - January 17, 1950 - John Mace, Jr., M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 19 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00435

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital (2 days)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) Race Street Ext'd.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) - - - - (Last) WHERAN

4. DATE OF DEATH (Month) (Day) (Year) January 27, 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH ?

9. AGE last birthday 70? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Operator-Retired

10b. KIND OF BUSINESS OR INDUSTRY Hotel

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Not Known

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Not Known (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Mattie Merrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiovascular-renal decompensation	8 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	7 years
131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1949, to Jan 27, 1950, that I last saw the deceased alive on Jan 26, 1950, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

SIGNATURE Alfred R. Maryanov (Degree or title) M.D. ADDRESS 136 Race St, Cambridge DATE SIGNED 1/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 1/28/1950

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. Jan. 31, 1950

REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR LeCompte's Funeral Service ADDRESS Cambridge, Maryland.

15687

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00436

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Dorchester	MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elwood	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	
2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland	COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Preston	
STREET ADDRESS (If rural give location)	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Edwin	Wright	1	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	M.	March 1,1890	59 yrs.	10	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman	Ca nning	Choptank	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter M. Wright	Jennie Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	W.War I	159-18-6722	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	5 wks
410 Antecedent cause(s)	(b) Aortic insufficiency mitral insufficinecy & Mitral stenosis due to Rheumatic fever	5yrs
92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Multiple Avitaminosis	4 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?
no			m.	While at Work ☐ Not While At work ☐	

22. I hereby certify that I attended the deceased from 8/19/..., 19 49..., to 1/17..., 19 50 that I last saw the deceased alive on 1/16..., 19 50..., and that death occurred at 2:30A...m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Louis A Lemmon	M.D. Preston Maryland	1/18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 20,1950	Jr. O.U.A.M.	Preston, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 20-1950	Charles W Hastings	Wm.H. Hollis & Son	

VS.A15

4/16/51

RECEIVED
JAN 24 1950
BUREAU T. S

Dr Harrison

MARYLAND STATE DEPARTMENT OF HEALTH

00437

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11 D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Dorchester
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Federalsburg - Williamsburg Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural, give location) Federalsburg - Williamsburg Road

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) V. (Last) Young

4. DATE OF DEATH (Mooth) January (Day) 10 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH August 12, 1868

9. AGE last birthday 81 yrs. If under 1 year Mooths. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Alford

14. MOTHER'S MAIDEN NAME Mary E. Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs. Roland C. Wright, Federalsburg, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval Between Onset and Death: 1 hour

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — 5 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W C Harrison M D — ADDRESS Hurlock, Md. — DATE SIGNED 1/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE January 13, 1950 — NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery — LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG. Jan 13/50 — REGISTRAR'S SIGNATURE Charles Hastings

24. FUNERAL DIRECTOR — ADDRESS J.J. Frampton and Son, Federalsburg, Maryland

RECEIVED
JAN 24 1950
BUREAU V. S.